FORM BE-82(B)	(Report for	Financial Services	BEA USE C	NLY	Contro	numh	er								В
(9/98)	Provider)				CATION			VCIA	SEP	VIC	FS P	ROV!	DFP		Б
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ANNUAL SERVI	ONFIDENTIAL OF FINANCIAL ISACTIONS FINANCIAL	the U.S. financial name and BE-82(B).	person service d addre	filing thes s subsides ss of th	is repo liary oi e subs	ort. If r par idiar	this it t of a y or p	report conso art th	is fo olidat at is	or a s ted e repo	epara nterpi rting	tely or rise, gi on this	ganiz ve the Forn	ed e	
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U.S. Rep separatel control no otherwise address la	orter ident	number (if known) tified above is a sulfinancial services surpown) and name of the mplete this item. The ay be affixed to Formoer of consolidated U	bsidiary or posidiary or posidiary or posidiary or posidiary control number 8E-82(A), F	part – part of ated U.S mber of Part I, it	– If the a conso S. enterp f the U.S	U.S. Re lidated orise of	port U.S. whi	er na . ente ch it	med a rprise is a pa	above , giv art;	e is a e the				
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	Assistante 8:00 a.m. IMPORTA (including BE-82(A) to requiremendate volument financial sofiled, reproduced filed, reprod	e — A completed BE-8-82(B), is due March in the second and 4:00 p.m., eastern the top parent and a second in the top parent and a second in the top parent and a second in the second in	or additionantime. completing all of its subtring status. from the mate Form Bloom at the covered trainumber of F	I copies g this Foundation of the control E-82(B) consol nsaction forms E	orm BE- es and p enterpris repor may be idated Uns by all BE-82(B)	forms, 82(B), a arts co se is su ting re- filed for filed n	telep a cor mbir ibjec quire or ea terpr ial s	nsolid ned) r t to tl ement ich se ise, o ervice agree	(202) ated l nust c ne ma but c parati r a sir es sub with	J.S. oomp ndat heloo ongle sidia the r	enter lete I ory r rees to rgan BE-8: rries	prise Form eporti prepo ized 2(B) m or par per of	ng ort nay be ts of U.S.		
PERSON TO QUESTION REPORT —	CERTIFICATION — The undersigned official certifies that this report has been prepared in accordance with the applicable instructions, is complete, and is substantially accurate except that, in accordance with VII.G of the Instructions , estimates have been provided where data are not available from customary accounting records or precise data could not be obtained without undue burden.														
				Autho	rized off	icial's s	signa	ture							
		I											-		
TELEPHONE NUMBER	Area code	Number	Extension	Print o	or type n	ame ar	nd tit	le						Date	

IDENTIFICATION OF FINANCIAL SERVICES PROVIDER — Continued Part I

- A. What to file All persons who receive copies of this survey must complete Part I of Form BE-82(A). All persons subject to the mandatory reporting requirement must also complete Part II of Form BE-82(A), and Parts I and II and the mandatory section(s) of the appropriate schedule(s) of Form BE-82(B). Persons who are exempt from the mandatory reporting requirement but who elect to report data voluntarily are asked to also complete Part II of Form BE-82(A), and Parts I and II and the voluntary section(s) of the appropriate schedule(s) of Form BE-82(B). Recipients of the survey that are exempt from mandatory reporting and do not wish to report data voluntarily must complete Part I and the Exemption Claim on Form BE-82(A). In order to facilitate survey processing, respondents should assemble together and file in a single packet Form BE-82(A) and all Forms BE-82(B) for their enterprise.
- B. Number of copies A single original copy of the survey (including Form BE-82(A) and, as appropriate, one or more Forms BE-82(B)) must be filed with BEA. Please use the copy with the address label if such a labeled copy has been provided. Companies that elect to file separate reports for their separately organized financial services subsidiaries or parts must file a separate original copy of Form BE-82(B) for each separate subsidiary or part. In addition, each U.S. Reporter must retain a copy of each report to facilitate resolution of problems.
- C. Estimates If actual figures are not available, report estimates and label them as such. When data items cannot be fully subdivided as required, report totals and an estimated breakdown of the totals.
- D. Currency amounts All currency amounts should be reported in U.S. dollars rounded to thousands (omitting 000). EXAMPLE If the amount is \$1,000,000, report as \$1,000. Amounts less than \$500.00 round to "0" and should, therefore, not be reported.

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Month Day Year 9 9 1 8

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- 2. Industry classification Enter the 3-digit code from the Guide to Industry and Foreign Trade Classifications for International Surveys (or from the more condensed "Summary of Industry Classifications") in which the U.S. Reporter's sales or gross operating revenues are largest.
 - Where the consolidated U.S. enterprise is filing a single Form BE-82(B) Give the industry classification of the consolidated U.S. enterprise.
 - Where the consolidated U.S. enterprise is filing more than one Form BE-82(B) Give the industry classification of the subsidiary or part being reported on this Form BE-82(B).

20002

3. Primary Employer Identification Number used by the U.S. Reporter named in Part I, item 1 of this Form BE-82(B).

20004

Remarks

Part II Continued

SCHEDULE A — Receipts of Fees and Commissions From Unaffiliated Foreign Persons for Financial Services

The mandatory section of Schedule A is **required** to be completed for each type of financial service listed below if total sales to unaffiliated foreign persons of all types of financial services combined by all subsidiaries and parts of the consolidated U.S. enterprise that are financial services providers or intermediaries exceed \$5,000,000. The voluntary section is **requested** to be completed if total sales to unaffiliated foreign persons of all types of financial services combined by all subsidiaries and parts of the consolidated U.S. enterprise that are financial services providers or intermediaries are \$5,000,000 or less.

Enter the number associated with the type of financial service, instead of the complete title of the service, in the column heading of Schedule A. See V. of the **Instructions** for complete descriptions of the types of financial services covered.

Enter the names of countries not on the preprinted list, as appropriate, in the left hand margin of Schedule A. Transactions with international organizations are considered to be with unaffiliated foreign persons; these may be shown opposite an abbreviated designation, "Int'l Org." *Use additional copied sheets to list additional countries, as necessary.*

1	Brokerage, except foreign exchange brokerage services
2	Private placement services
3	Underwriting services
4	Financial management services
5	Credit-related services, except credit card services
6	Credit card services
7	Financial advisory and custody services
8	Securities lending services
9	Foreign exchange brokerage services
10	Other financial services
	 If you use this service number — Enter on the schedule the total amount of fees you received for all other financial services combined. See V. of the Instructions for examples of types of financial services to report under this service number. If you reported data in the mandatory section of Schedule A under this service number — Enter a brief description of the primary type(s) of service(s) sold. ▼

			Г		201	1	r Financia		REPORT IN	THO	OUSANDS O	F U.S	. DOI	LLARS		
RECEIPTS FROM				BEA USE ONL		Service number:		Service number:		Service number:		Service number:			Service number:	
			H	(1)	(2)	_	(3)	-	(4)		(5)		(6)			(7)
Con of for by the enter \$5,0 con	nDATORY nplete if total re- ees and commis the consolidated erprise exceed 000,000. Also nplete question is ropriate.	ssions I U.S.	1		2	3		4		5		6			7	
1.	All countries,	total 001	Н													
2.	Belgium	002	1	302	2	3		4		5		6			7	
	Canada	003	1	100	2	3		4		5		6			7	
	France	004	1	307	_	3		4		5		6			7	
	Germany	005	1	308	_	3		4		5		6			7	
	Hong Kong	006	1	611	2	3		4		5 5		6			7	
	Italy Japan	007	1	314	2	3		4		5		6			7	
	Netherlands	008	1	614 319		3		4		5		6			7	
	Singapore	010	1	625	_	3		4		5		6			7	
	United Kingdor		1	327		3		4		5		6			7	
	Other — Speci (Use additional sheets as neces	copied	1		2	3		4		5		6			7	
12.		012	-					<u> </u>		_		ļ				
13.		013	1		2	3		4		5		6			7	
14.		014	1		2	3		4		5 5		6			7	
15. 16.		015	1		2	3		4		5		6			7	
17.		016	1		2	3		4		5		6			7	
18.		018	1		2	3		4		5		6			7	
19.		019	1		2	3		4		5		6			7	
Con fees con	LUNTARY nplete if total res and commissic solidated U.S. e \$5,000,000 or le	ons by the nterprise	1	NO 1	rE -	– If to mple	otal receipts te the MAN	for IDA	all financial s TORY section	servio n abo	ces combined ove, and line	d exce 20 m	eed \$5 ust b	5 millio e left b	on – <i>Yo</i> lank.	u
20.	All countries,	total 020	L	709												
 If you are subject to the survey's mandatory reporting requirement and you entered data under service number 1 — Complete item 21. If you are subject to the survey's mandatory reporting requirement and you entered data under service number 10 — Describe the primary type(s) of service(s) in the space provided on page 3 of this form. 																
21.	If you reported brokerage, exce of the total for groups of finan knowledgeable a. Long-term s	ept foreign exall countries of the count	kch cor s. (7 tho	ange mbine These ut cor s and	bro d th est dud bon	kerag nat w imate cting nds, in	ge services las for trans les may be b la detailed i ncluding co	— I acti ase reco llate	ndicate the a cons in each of d upon the journers ords search.) eralized mort	ppro of the udgr	oximate amo e following nent of			th	Report lousan J.S. do (1)	ds of
		inal maturity											021	1		
	b. Long-term a and warrant		n d	leriva	tive	prod	lucts (i.e., o	ptio	ns, tutures, s	swap	s, torwards	,	022	1		

023

c. Other (such as commercial paper and bankers acceptances)

Part II Continued

SCHEDULE B — Payments of Fees and Commissions to Unaffiliated Foreign Persons for Financial Services

The mandatory section of Schedule B is **required** to be completed for each type of financial service listed below if total purchases from unaffiliated foreign persons of all types of financial services combined by all subsidiaries and parts of the consolidated U.S. enterprise that are financial services providers or intermediaries exceed \$5,000,000. The voluntary section is **requested** to be completed if total purchases from unaffiliated foreign persons of all types of financial services combined by all subsidiaries and parts of the consolidated U.S. enterprise that are financial services providers or intermediaries are \$5,000,000 or less.

Enter the number associated with the type of financial service, instead of the complete title of the service, in the column heading of Schedule B. See V. of the **Instructions** for complete descriptions of the types of financial services covered.

Enter the names of countries not on the preprinted list, as appropriate, in the left hand margin of Schedule B. Transactions with international organizations are considered to be with unaffiliated foreign persons; these may be shown opposite an abbreviated designation, "Int'l Org." *Use additional copied sheets to list additional countries, as necessary.*

Service number	Service
1	Brokerage, except foreign exchange brokerage services
2	Private placement services
3	Underwriting services
4	Financial management services
5	Credit-related services, except credit card services
6	Credit card services
7	Financial advisory and custody services
8	Securities lending services
9	Foreign exchange brokerage services
10	 Other financial services If you use this service number — Enter on the schedule the total amount of fees you paid for all other financial services combined. See V. of the Instructions for examples of types of financial services to report under this service number. If you reported data in the mandatory section of Schedule B under this service number — Enter a brief description of the primary type(s) of service(s) purchased. ▼

Part II Continued SCH	EDULE	В — Р	ayn	nents of Fees	and Commissio	ns to Unaffiliate	ed Foreign	B1			
		Persons for Financial Services REPORT IN THOUSANDS OF U.S. DOLLARS									
PAYMENTS TO	BE/ USI ONL	Ē	Service number:	Service number:	Service number:	Service number:	Service number:				
		(1)	(2)	(3)	(4)	(5)	(6)	(7)			
MANDATORY Complete if total payments of fees and commissions by the consolidated U.S. enterprise exceed \$5,000,000. Also complete question 21, as appropriate.	B1000	1	2	3	4	5	6	7			
1. All countries, total	001										
2. Belgium	002	1 302	_	3	4	5	6	7			
3. Canada	003	¹ 100	+	3	4	5	6	7			
4. France	004	¹ 307	+	3	4	5	6	7			
5. Germany	005	¹ 308	+	3	4	5	6	7			
6. Hong Kong	006	¹ 611	+	3	4	5	6	7			
7. Italy	007	¹ 314	_	3	4	5	6	7			
8. Japan	008	1 614		3	4	5	6	7			
9. Netherlands	009	¹ 319	_	3	4	5	6	7			
10. Singapore	010	¹ 625		3	4	5	6	7			
11. United Kingdom Other — Specify (Use additional copies sheets as necessary.)		1 327	2	3	4	5	6	7			
12.	012										
13.	013	1	2	3	4	5	6	7			
14.	014	1	2	3	4	5	6	7			
15	015	1	2	3	4	5	6	7			
16.	016	1	2	3	4	5	6	7			
17.	017	1	2	3	4	5	6	7			
18.	018	1	2	3	4	5	6	7			
19.	019		2	3	+	3	10	<i>'</i>			
Complete if total payments of fees and commissions by the consolidated U.S. enterprise are \$5,000,000 or less.			OTE -	l — If total payments omplete the MA	ents for all financi INDATORY section	ial services combi on above, and line	ned exceed \$5 mil e 20 must be left b	lion – You Ilank.			
20. All countries, total	020	709									

provided on page 5 of this form.

21.	except foreign exchange brokerage services — <i>Indicate the approximate amount of the total for a</i>		
	countries combined that was for transactions in each of the following groups of financial product. (These estimates may be based upon the judgment of knowledgeable persons, without conducting detailed records search.)	Report in thousands of U.S. dollars (1)	
	a. Long-term securities (stocks and bonds, including collateralized mortgage obligations, with no original maturity or with original maturity of more than 1 year)	021	1
	b. Long-term and short-term derivative products (i.e., options, futures, swaps, forwards, and		1
	warrants)	022	
			1
	c. Other (such as commercial paper and bankers acceptances)	023	